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PTO/SB/21 (05-03)

Approved for use through 04/30/2003. OMB 0651-0031

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AP 1603
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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

| | | |
|--|----------------------|------------------------|
| | Application Number | 09/746,662 |
| | Filing Date | 12/22/2000 |
| | First Named Inventor | Turski et al. |
| | Art Unit | 1646 |
| | Examiner Name | Ruixiang Li |
| Total Number of Pages in This Submission | 48 | Attorney Docket Number |
| | | 102286.123 |

| ENCLOSURES (Check all that apply) | | |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input checked="" type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): - Postcardw |
| Remarks 1. Declaration of Terence Smith (5 pages) with Exhibit A (3 Pages) & Exhibit B (17 pages) 2. References (2) 1. Autoimmune Encephalomyelitis Ameliorated by AMPA Antagonists, Smith, Groom, Zhu, & Turski (5 pages) 2. Multiple Approaces to Multiple Sclerosis, Steinman (2 pages) | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|------------------------------|
| Firm or Individual name | Emily R. Whelan, Reg. 50,391 |
| Signature | <i>Emily R. Whelan</i> |
| Date | 09/05/2003 |

| CERTIFICATE OF TRANSMISSION/MAILING | | | |
|---|-----------------------|------|------------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. | | | |
| Typed or printed name | Maureen DiVito | | |
| Signature | <i>Maureen DiVito</i> | Date | 09/05/2003 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FEET TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1,250.00)

Completer if Known

| | |
|----------------------|---------------|
| Application Number | 09/746,662 |
| Filing Date | 12/22/2000 |
| First Named Inventor | Turski et al. |
| Examiner Name | Ruixiang Li |
| Art Unit | 1646 |
| Attorney Docket No. | 102286.123 |

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Order Other None
 Deposit Account:

| | |
|------------------------|-------------------|
| Deposit Account Number | 08-0219 |
| Deposit Account Name | Hale and Dorr LLP |

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Small Entity

| Fee Code (\$) | Fee Code (\$) | Fee Description | Fee Paid |
|-----------------------------------|---------------|--|---------------------------|
| 1051 130 | 2051 65 | Surcharge - late filing fee or oath | |
| 1052 50 | 2052 25 | Surcharge - late provisional filing fee or cover sheet | |
| 1053 130 | 1053 130 | Non-English specification | |
| 1812 2,520 | 1812 2,520 | For filing a request for ex parte reexamination | |
| 1804 920* | 1804 920* | Requesting publication of SIR prior to Examiner action | |
| 1805 1,840* | 1805 1,840* | Requesting publication of SIR after Examiner action | |
| 1251 110 | 2251 55 | Extension for reply within first month | |
| 1252 410 | 2252 205 | Extension for reply within second month | |
| 1253 930 | 2253 465 | Extension for reply within third month | 930.00 |
| 1254 1,450 | 2254 725 | Extension for reply within fourth month | |
| 1255 1,970 | 2255 985 | Extension for reply within fifth month | |
| 1401 320 | 2401 160 | Notice of Appeal | 320.00 |
| 1402 320 | 2402 160 | Filing a brief in support of an appeal | |
| 1403 280 | 2403 140 | Request for oral hearing | |
| 1451 1,510 | 1451 1,510 | Petition to institute a public use proceeding | |
| 1452 110 | 2452 55 | Petition to revive - unavoidable | |
| 1453 1,300 | 2453 650 | Petition to revive - unintentional | |
| 1501 1,300 | 2501 650 | Utility issue fee (or reissue) | |
| 1502 470 | 2502 235 | Design issue fee | |
| 1503 630 | 2503 315 | Plant issue fee | |
| 1460 130 | 1460 130 | Petitions to the Commissioner | |
| 1807 50 | 1807 50 | Processing fee under 37 CFR 1.17(q) | |
| 1806 180 | 1806 180 | Submission of Information Disclosure Stmt | |
| 8021 40 | 8021 40 | Recording each patent assignment per property (times number of properties) | |
| 1809 750 | 2809 375 | Filing a submission after final rejection (37 CFR 1.129(a)) | |
| 1810 750 | 2810 375 | For each additional invention to be examined (37 CFR 1.129(b)) | |
| 1801 750 | 2801 375 | Request for Continued Examination (RCE) | |
| 1802 900 | 1802 900 | Request for expedited examination of a design application | |
| Other fee (specify) _____ | | | |
| *Reduced by Basic Filing Fee Paid | | | SUBTOTAL (3) (\$ 1250.00) |

**or number previously paid, if greater; For Reissues, see above

SUBMITTED BY

(Complete if applicable)

| | | | | | |
|-------------------|------------------------------|-----------------------------------|--------|-----------|--------------|
| Name (Print/Type) | Emily R. Whelan, Reg. 50,391 | Registration No. (Attorney/Agent) | 50,391 | Telephone | 617-526-6567 |
| Signature | Emily R. Whelan | | | Date | 09/05/2003 |

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